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| (Req                      | uestor's Name)   |      |
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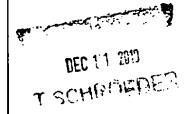


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## COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CO        | RPORATION: AKRB Corporation  | n<br>  |   |
|-------------------|--|--|---|
|                   | NUMBER:  |  |   |
| The enclosed Ar   | rticles of Amendment and fee are su  | abmitted for filing.   |   |
| Please return all | correspondence concerning this ma  | itter to the following:  |   |
|                   | Benjamin Nudel   |  |   |
|                   |  | Name of Contact Perso  | n   |
|                   | AKRB Corporation   |  |   |
|                   |  | Firm/ Company  |   |
|                   | 4465 US HWY 17 Suite 2   |  |   |
|                   | <del></del>  | Address  |   |
|                   | Fleming Island, FL 32003   |  |   |
|                   |  | City/ State and Zip Cod  | le  |
|                   | Benjaminnudel@kw.com   |  |   |
|                   | <del>-</del>   | sed for future annual report                                     | t notification)   |
|                   | ,  | ·  |   |
| For further info  | mation concerning this matter, plea  | se call:   |   |
| Benjamin Nude     | 1  | at ( <u>\$50</u>   | 629-0950  |
|                   | Name of Contact Person   | at (at Co  | )<br>ode & Daytime Telephone Number   |
|                   |  |  |   |
| Enclosed is a ch  | eck for the following amount made  | payable to the Florida Dep                                       | partment of State:  |
| S35 Filing I      | Fee \$\Bigcap\$\$43.75 Filing Fee & Certificate of Status                                      | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)                      |
|                   | Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Amend<br>Division<br>The C<br>2415                               | Address dinent Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303 |

## Articles of Amendment to Articles of Incorporation of

|     | T .     | -       |      |
|-----|---------|---------|------|
| AKK | $B \in$ | Corpora | เนอก |

| AKKB Corporation  |  |                    |
|---|--|--------------------|
| (Name of Corporation as currently   | filed with the Floriga Dept. of State)   |                    |
|   |  |                    |
| (Document Number of C   | Corporation (if known)   |                    |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fi</i> its Articles of Incorporation:                         | orida Profit Corporation adopts the following  | ng amendment(s) to |
| A. If amending name, enter the new name of the corporation:   |  |                    |
| A. If amending name, enter the new name of the corporation.   |  |                    |
| name must be distinguishable and contain the word "corporation," "co  | 9 22 27 x 4 1 LL (1)   | _The new           |
| "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A cartered," "professional association," or the abbreviation "P.A."         | mpany, or incorporated or the aborevial<br>professional corporation name must conta- | in the word        |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)                               |  |                    |
|   | -  |                    |
|   |  |                    |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)   |  |                    |
|   |  |                    |
|   | 77.  | a 🛶                |
|   |  | <del></del>        |
| D. If amending the registered agent and/or registered office address:<br>new registered agent and/or the new registered office address: | ss in Florida, enter the name of the   |                    |
| Name of New Registered Agent  |  |                    |
|   |  |                    |
| (Florida stree  | t address)   | - či               |
|   | Plants.  | :<br>0.2           |
| New Registered Office Address:  | ity) , Florida <u>G</u> Zip  | Code)              |
| ,,  | 197  |                    |
|   |  |                    |
| New Registered Agent's Signature, if changing Registered Agent:   |  |                    |
| I hereby accept the appointment as registered agent. I am familiar wi   | th and accept the obligations of the position.                                       |                    |
|   |  |                    |
|   |  |                    |
| C:  | ristered Agent, if changing  | _                  |
| Signature of New Res  | isierea Ageni, ij chunging   |                    |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary: D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change   | <u>PT</u>               | John Doe  |                        |  |
|--|-------------------------|---|------------------------|--|
| X Remove   | <u>V</u>                | Mike Jones  |                        |  |
| X Add  | <u>\$V</u>              | Sally Smith   |                        |  |
| Type of Action (Check One)                       | Title                   | <u>Name</u>   | Address                |  |
| 1) Change  | D                       | Rebekah Rivers  | 414 Summerbrooke Drive |  |
| Add  |                         |   | Tallahassee, FL 32312  |  |
| X Remove   |                         |   |                        |  |
| 2) Change  | 0                       | Rebekah Rivers  | 414 Summerbrooke Drive |  |
| X Add  |                         |   | Tallahassee, FL 32312  |  |
| Remove 3 ) Change                                |                         |   |                        |  |
| Add  |                         |   |                        |  |
| Remove   |                         |   |                        |  |
| 4) Change  |                         |   | t                      |  |
| Add  |                         |   |                        |  |
| Remove   |                         |   |                        |  |
| 5) Change  |                         |   |                        |  |
| Add  |                         |   |                        |  |
| Remove   |                         |   |                        |  |
| 6) Change  |                         |   |                        |  |
| Add  |                         |   |                        |  |
| Remove   |                         |   |                        |  |
|  |                         | Page 2 of 4   |                        |  |
| E. If amending or addi<br>(Attach additional she | ng addit<br>eets, if ne | ional Articles, enter change(s) here: cessary). (Be specific) |                        |  |

|  |     | _                                      |          |
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| and the second s |     | 030                                    | <u> </u> |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:   | + 2 | <del></del> :                          |          |
| (if not applicable, indicate N/A)  | -   | mee<br>TOX                             | Ti       |
|  |     | ـــن:ـــــــــــــــــــــــــــــــــ | <u> </u> |
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|  |     |  |          |
|  |     |  |          |
| Page 3 of 4  |     |  |          |
|  |     |  |          |
| Page 3 of 4  The date of each amendment(s) adoption:   |     | , if other                             | than the |
| The date of each amendment(s) adoption: 12/10/19   |     | , if other                             | than the |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

| Adoption of Amendment(s)  | (CHECK ONE)  |        |          |
|---|--|--------|----------|
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficie | by the shareholders. The number of votes east for the amendment for approval.  | :nt(s) |          |
| ☐ The amendment(s) was/were approved must be separately provided for each | t by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):                                     | ement  |          |
| "The number of votes cast for th  | e amendment(s) was/were sufficient for approval  |        |          |
| by  | (voting group)   |        |          |
|   | (voting group)   |        |          |
| The amendment(s) was/were adopted action was not required.                | by the board of directors without shareholder action and shareho   | older  |          |
| ☐ The amendment(s) was/were adopted action was not required.              | by the incorporators without shareholder action and shareholder  |        |          |
| Dated 12/10/19  |  |        |          |
| Signature   |  |        |          |
| selected, by a  | represident or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other educiary by that fiduciary) | ourt   |          |
|   | Benjamin Rudel   |        | <u> </u> |
|   | (Typed or printed name of person signing)  | : • •  |          |
|   | Drector  |        | ;<br>  T |
| (Title  | e of person signing)   |        | 5:02     |